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PTC/SE/82 (01-08)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/751,119 **REVOCATION OF POWER OF** Filing Date 1/05/2004 **ATTORNEY WITH** First Named Inventor Mehlo, Nizar Youssef **NEW POWER OF ATTORNEY** Art Unit AND **Examiner Name** Mayes, Dionne Walls **CHANGE OF CORRESPONDENCE ADDRESS** Attorney Docket Number 3117-101

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| Telephone  |                                 | 703-205-0044          |       | Email     | attorney@blankens | shiplawpilc.com |       |  |  |  |  |
| I am the:  Applicant/Inventor.   |                                 |                       |       |           |                   |                 |       |  |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |                                 |                       |       |           |                   |                 |       |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                                 |                       |       |           |                   |                 |       |  |  |  |  |
| Signature  |                                 |                       |       |           |                   |                 |       |  |  |  |  |
| Name   | Nizar Youssef Menio             |                       |       |           |                   |                 |       |  |  |  |  |
| Date   | 7/12/2006                       |                       | Te    | Telephone |                   |                 |       |  |  |  |  |
| NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below." |                                 |                       |       |           |                   |                 |       |  |  |  |  |
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Application Number 10/751,119 **POWER OF ATTORNEY** First Named Inventor Mehlo, Nizar Youssef and Title Modular Smoking Apparatus **CORRESPONDENCE ADDRESS** Art Unit 1731 **INDICATION FORM** Mayes, Dionne Walls Examiner Name

|   |                        |  | Attorney Do           | cket N   | umber 3                               | 117-101           |                               | _/     |  |  |  |
|---|------------------------|--|-----------------------|----------|---------------------------------------|-------------------|-------------------------------|--------|--|--|--|
| I hereby revoke all previous powers of attorney given in the above-identified application.  |                        |  |                       |          |                                       |                   |                               |        |  |  |  |
| I hereby appoint:   | . р. ф. г.             | out persons of attention gr  |                       |          |                                       |                   | ·~·                           |        |  |  |  |
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| l <u>am</u> the:  | Telephone 703-205-0044 |  |                       | Email    | attomey@b                             | lankenshiplawp    | nkenshiplawplic.com           |        |  |  |  |
|   | .=4                    |  |                       |          |                                       |                   |                               |        |  |  |  |
| _ ``  | Applicant/inventor,    |  |                       |          |                                       |                   |                               |        |  |  |  |
| Assignee of m   | ecora of<br>der 37 C   | the entire interest. See 37 CFR<br>FR 3.73(b) is enclosed. (Form I | . 3.71.<br>PTO/SB/96) |          |                                       |                   |                               |        |  |  |  |
|   |                        | SIGNATURE of   |                       | selanes  | of Record                             |                   |                               | $\neg$ |  |  |  |
| Signature   | -                      |  |                       |          |                                       | Date              | 7/12/2006                     | -      |  |  |  |
| Name Nizar Youssef Mel  |                        | oussef Mehlo   | f Mehlo               |          |                                       | Telephone         | 771222000                     |        |  |  |  |
| Title and Company   |                        |  |                       |          |                                       | - Telephone       | <u></u>                       |        |  |  |  |
| NOTE: Signatures of all th  | e invento              | re or essignees of record of the entir                             | re Interest or their  | rapreser | itative(s) ere re-                    | outred. Submit me | uticle forms If more than one | eg     |  |  |  |
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